

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 701826-058300																		
In re Application of Gregory A. Denomme																				
Application Number 10/588,631	Filed August 7, 2006																			
For A METHOD FOR THE SIMULTANEOUS DETERMINATION OF BLOOD GROUP AND PLATELET ANTIGEN GENOTYPES																				
Group Art Unit To be assigned	Examiner To be assigned																			
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate entity fee are as follows (check time period desired):</p> <table style="width: 100%; border: none;"> <tr> <td style="padding-left: 40px;"><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$60/\$120)</td> <td style="text-align: right; padding-right: 20px;">\$ <u>120.00</u></td> </tr> <tr> <td style="padding-left: 40px;"><input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$230/\$460)</td> <td style="text-align: right; padding-right: 20px;">\$ _____</td> </tr> <tr> <td style="padding-left: 40px;"><input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$525/\$1050)</td> <td style="text-align: right; padding-right: 20px;">\$ _____</td> </tr> <tr> <td style="padding-left: 40px;"><input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$820/\$1640)</td> <td style="text-align: right; padding-right: 20px;">\$ _____</td> </tr> <tr> <td style="padding-left: 40px;"><input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1115/\$2230)</td> <td style="text-align: right; padding-right: 20px;">\$ _____</td> </tr> </table> <p><input type="checkbox"/> Applicant claims small entity status.</p> <p><input type="checkbox"/> A check to cover the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-0850</u>. I have enclosed a duplicate copy of this sheet.</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p>I am the <input type="checkbox"/> applicant/inventor</p> <p style="padding-left: 40px;"><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p style="padding-left: 40px;"><input checked="" type="checkbox"/> attorney or agent of record.</p> <p style="padding-left: 40px;"><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____.</p> <table style="width: 100%; border: none; margin-top: 10px;"> <tr> <td style="width: 50%; border-bottom: 1px solid black; text-align: center;">/Stephen R. Duly/</td> <td style="width: 50%; border-bottom: 1px solid black; text-align: center;">November 28, 2007</td> </tr> <tr> <td style="text-align: center;">Signature</td> <td style="text-align: center;">Date</td> </tr> <tr> <td style="border-bottom: 1px solid black; text-align: center;">David S. Resnick (34,235) / Stephen R. Duly (56,183)</td> <td style="border-bottom: 1px solid black; text-align: center;">(617) 345-6057 / 1270</td> </tr> <tr> <td style="text-align: center;">Typed or printed name</td> <td style="text-align: center;">Telephone Number</td> </tr> </table> <p style="font-size: small; margin-top: 10px;">NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p>			<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$60/\$120)	\$ <u>120.00</u>	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$230/\$460)	\$ _____	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$525/\$1050)	\$ _____	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$820/\$1640)	\$ _____	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1115/\$2230)	\$ _____	/Stephen R. Duly/	November 28, 2007	Signature	Date	David S. Resnick (34,235) / Stephen R. Duly (56,183)	(617) 345-6057 / 1270	Typed or printed name	Telephone Number
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$60/\$120)	\$ <u>120.00</u>																			
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$230/\$460)	\$ _____																			
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$525/\$1050)	\$ _____																			
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$820/\$1640)	\$ _____																			
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1115/\$2230)	\$ _____																			
/Stephen R. Duly/	November 28, 2007																			
Signature	Date																			
David S. Resnick (34,235) / Stephen R. Duly (56,183)	(617) 345-6057 / 1270																			
Typed or printed name	Telephone Number																			